



DANIEL BUTLER
SUPERVISOR

SARATOGA COUNTY ANIMAL SHELTER
6010 COUNTY FARM RD, BALLSTON SPA, NY 12020
WWW.CO.SARATOGA.NY.US



TEL. 518-885-4113
FAX 518-885-2570

ANIMAL SHELTER VOLUNTEER APPLICATION

Please send completed form to Rebecca Blaisdell, Volunteer Coordinator.

1. Name _____ Date _____

2. Address _____

3. Phone: home _____ cell _____ work _____

Best time and number to call _____

4. Email _____

5. Emergency contact _____ Phone _____

Physician _____ Phone _____

6. Age (21 and under) _____ if under the age of 18 one must be accompanied by a parent or guardian

7. Are you a student ? Yes ___ No ___

8. Do you have a current New York State driver's license? Yes ___ No ___

If so, please provide a copy of your license

9. Has your license ever been revoked? Yes ___ No ___

Explain

10. Have you ever been convicted of a criminal offense other than parking violations?

Yes ___ No ___

Explain

11. Do you have any allergies or physical limitations that may prevent you from certain activities?

12. Do you have any current or previous volunteer experience?

13. Do you have any skills, training or hobbies (computers, photography, grooming) that might be helpful to the Saratoga County Animal Shelter?

14. Briefly describe your history of pet ownership or previous experience with animals.

15. What would you expect to gain from volunteering at the Saratoga County Animal Shelter?

16. Is this for a school or service project? School ___ Service ___

How many hours must you complete? _____

17. Is this court/community service (court mandated)? Yes ___ No ___

How many hours must you complete? _____

18. Please list 3 references.

Name _____ Phone _____

Relationship _____

Name _____ Phone _____

Relationship _____

Name _____ Phone _____

Relationship _____

19. Employer _____

Phone _____

May we contact your employer? Yes ___ No ___

Position title _____

Years at employment _____

20. Do you have any pets? Cat ___ Dog ___ Other _____

Spayed/altered? Yes ___ No ___

Current on vaccinations? Yes ___ No ___

21. Have you ever adopted from Saratoga County Animal Shelter? Yes ___ No ___

22. Please check what area of volunteering you are interested in. If experience is required please explain where and when your experience was gained.

___ Facility maintenance—this includes floor sweeping and mopping, interior and exterior window cleaning, and garbage collection.

Mon 8-10 ___ 12-2 ___ 2-4 ___

Tues 8-10 ___ 12-2 ___ 2-4 ___

Wed 8-10 ___ 12-2 ___ 2-4 ___

Thurs 8-10 ___ 12-2 ___ 2-4 ___

Fri 8-10 ___ 12-2 ___ 2-4 ___

Sun 9-11 ___

___ Outdoor appearance—tending to flowers, lawn care, snow shoveling and ice removal, poop scooping weeding, sweeping.

| | | | |
|-------|---------|---------|--------|
| Mon | 8-10 __ | 12-2 __ | 2-4 __ |
| Tues | 8-10 __ | 12-2 __ | 2-4 __ |
| Wed | 8-10 __ | 12-2 __ | 2-4 __ |
| Thurs | 8-10 __ | 12-2 __ | 2-4 __ |
| Fri | 8-10 __ | 12-2 __ | 2-4 __ |
| Sun | 9-11 __ | | |

___ Dog walking—this position requires you to take a training course. These volunteers must be patient and attentive. They must be able to walk the dogs around the premises while using proper techniques to manage the dogs taught to you by the staff. They are also taught proper use of collars and leashes. Experience preferred.

| | | |
|-------|---------|--------|
| Mon | 9-11 __ | 2-4 __ |
| Tues | 9-11 __ | 2-4 __ |
| Wed | 9-11 __ | 2-4 __ |
| Thurs | 9-11 __ | 2-4 __ |
| Fri | 9-11 __ | 2-4 __ |
| Sun | 9-11 __ | |

___ Feline care—refilling food and water, changing water and food bowls if needed, scooping litter if needed and socializing the cats.

| | | |
|-------|---------|--------|
| Mon | 8-10 __ | 2-4 __ |
| Tues | 8-10 __ | 2-4 __ |
| Wed | 8-10 __ | 2-4 __ |
| Thurs | 8-10 __ | 2-4 __ |
| Fri | 8-10 __ | 2-4 __ |
| Sun | 9-11 __ | |

___ Cleaning—doing laundry, washing dishes in the dishwasher.

___ Mailing—a need of how to make labels a must, legible handwriting, and stuffing envelopes.

___Events ambassador—training required, going to community events and shelter events to represent the shelter. Experience preferred.

___Therapy dogs—to go to schools, work in the shelter with certified dogs. Experience required.

___Therapy dog certifier—able to come to the shelter to certify dogs that are there and help the staff to assist the animals in their best roles. Experience required.

___Obedience teacher—used both to train and work with dogs prior to adoption to get some basic obedience, mostly how to properly walk on a leash. Also to teach basic/beginner obedience to people that has adopted animals. Experience required.

___Obedience teacher 2—to teach advanced obedience classes to people that have adopted animals from the shelter and other people in the community. Experience required.

___Dog grooming—knowledge of basic grooming required, especially specific to breeds, ability to have patience a must. Experience required.

___Newsletter—monthly newsletter to let the community know about what is going on in the shelter, grammar and writing skills a must, under the supervision of the supervisor, must report to him before any information goes into the letter and before it is published. Experience preferred.



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Saratoga County Animal Shelter Release Form

The understanding, in acting as a volunteer for the Saratoga County Animal Shelter, hereby releases the Saratoga County Animal Shelter, its agents, officers, servants and employees of and from any and all liability, claims, demands, actions and causes of actions whatsoever arising out of or relating to any loss, damage, or injury that may be sustained by the undersigned or any of the property undersigned.

The undersigned further agrees to indemnify and save harmless the Saratoga County Animal Shelter, its agents, officers, servants and employees from any and all liability which may hereafter be brought against the Saratoga County Animal Shelter by or on behalf of the undersigned for the undersigned's named infant of any of the foregoing matters hereby released.

The undersigned hereby acknowledges the risk inherent in the handling of animals, domesticated or wild, and hereby willingly accepts all such risks.

This release and indemnity shall be binding upon the undersigned, his/her, heirs, executors, administrators and assigns.

I agree to the conditions stated above

Printed name _____

Signed _____

Date _____

If the applicant noted above is 17 years old or younger, the signature of a parent/legal guardian is required below.

1. I verify that I am the parent/ legal guardian of the above-listed applicant who is 17 years old or younger
2. I agree to the conditions stated above
3. I understand that I must provide direct supervision of this applicant while he/she is volunteering for the Saratoga County Animal Shelter. If I cannot be present, I will designate another chaperone that is at least 18 years old, and I understand that verification of the chaperone's age may be required.

Printed name _____

Parent/ legal guardian

Signature _____

Address _____

The undersigned hereby acknowledges that under volunteering at the Saratoga County Animal Shelter there will be restrictions on adoptions that may take place during such time. I must first speak with the supervisor before I am able to take an animal home.

_____ initial